

## CLAIMS ONLY

Application Number

10/719.072

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6	1					
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16		1				
17		1				
18		1				
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46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	15					
Total Claims	18					

* May be used for additional claims or amendments						
	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
51						
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100						
Total Indep						
Total Depend						
Total Claims						